



OWNER AUTHORIZATION
FOR
TENANT UTILITY SERVICE

TOWN OF BERRYVILLE

101 Chalmers Court, Suite A
Berryville, VA 22611
540-955-1099

DATE: _____

RE: _____

Tenant Name

Service Address

TO WHOM IT MAY CONCERN:

_____ has entered into a lease for the property located at _____ and is authorized to obtain services at this address as a tenant of _____.

I understand that a lien may be placed on this property for services used by the tenant if, after proper notification, I fail to pay the amount of the outstanding balance within thirty (30) days.

Signed: _____ Name: _____

Property Owner(s)

Please Print

